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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000008052 (8)

1. Corporation Name

COASTAL EMERGENCY SERVICES OF ORLANDO, INC. MAR 17 1997

Principal Place of Business

2400 E. COMMERCIAL BOULEVARD
SUITE 1100
FT. LAUDERDALE FL 33308

Mailing Address

2400 E. COMMERCIAL BOULEVARD
SUITE 1100
FT. LAUDERDALE FL 33308-4033

2. Principal Place of Business

21 WINTER PARK EXECUTIVE CENTER
Suite, Apt. #, etc.

22 1950 LEE ROAD, SUITE 219
City & State

23 WINTER PARK, FL
Zip

24 32789

Country

25 USA

2a. Mailing Address

ATTENTION: TAX DEPARTMENT
Suite, Apt. #, etc.

27 P. O. BOX 15309
City & State

28 DURHAM, NC
Zip

29 27704

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/25/1996

3a. Date of Last Report

N/A

4. FEI Number

59-2130467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature of Registered Agent

CR2E034 (9/96)

**ATTACHMENT
1997 PROFIT CORPORATION
ANNUAL REPORT
STATE OF FLORIDA**

**COASTAL EMERGENCY SERVICES OF ORLANDO, INC
FEIN: 59-2130467**

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	Treasurer
NAME	Michael D. Tate
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705